



COMMUNITY  
**CULINARY SCHOOL**  
OF CHARLOTTE

## Workforce Development Training Program

Provides training and job placement assistance to adults with barriers to employment

Join us for a 14-week training program  
to prepare for a full-time career in the culinary industry.

# Next Class Starts January 11, 2021

Classes are Monday - Friday, mornings

Full Scholarships Available

## Interested in Enrolling?

- Step 1:** Complete application on the reverse side of this flyer.
- Step 2:** Call Bill Marsh, Student Coordinator  
at (704)375-4500
- Step 3:** Interview and tour the School.  
Bring your CCSC application to the interview.

*"Serving More Than an Appetite"*

9315 Monroe Road, Suite D • Charlotte, North Carolina 28270

[www.communityculinary.org](http://www.communityculinary.org) • (704)375-4500  



Class No. _____
Date _____

This information will remain strictly confidential. The Application for Admission will be used to better understand each student's needs.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Address (street, city, zip) \_\_\_\_\_

OR where you are currently staying: \_\_\_\_\_

Email address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ #of Children \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone Number \_\_\_\_\_

**EDUCATION** School Name Dates Attended

High School \_\_\_\_\_

Trade School/College \_\_\_\_\_

**WORK HISTORY**

<u>Dates</u>	<u>Name of Employer</u>	<u>Position</u>	<u>Contact Name and Phone Number</u>

Are you involved in any type of drug rehabilitation program? \_\_\_\_\_ Date of sobriety \_\_\_\_\_

Have you ever been arrested? NO \_\_\_ YES \_\_\_ Charges: \_\_\_\_\_ Date: \_\_\_\_\_

Name and phone number of Social Worker, Case Manager, or Parole Officer \_\_\_\_\_

Are you currently under a doctor's care? \_\_\_\_\_ Are you currently taking any prescription or other type of medicine? \_\_\_\_\_

If YES, please list: \_\_\_\_\_

Do you experience any side effects such as drowsiness, etc.? \_\_\_\_\_

Do you have any food allergies, dislikes or dietary restrictions that would prohibit you from full participation in any of our lessons?

If yes, please list \_\_\_\_\_

Do you have any physical limitations that would prevent you from doing any of the following in the kitchen: standing for long periods, lifting up to 50 lbs., bending over, moving heavy equipment, cleaning and maintenance?

If yes, please list \_\_\_\_\_

What is your goal upon graduation from CCSC? \_\_\_\_\_

Answering the following questions helps us with funding for the School:

- Have you ever served in the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you receiving FNS benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ I don't know: \_\_\_\_\_
- Are you caring for children at home? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand this application is part of the admission process for the School and does not guarantee my acceptance in the program. I have answered all questions truthfully. I understand that false information or omission of information may result in dismissal from the program, regardless of when it is discovered. Signature \_\_\_\_\_ Date \_\_\_\_\_